

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2018
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/14/2018	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT				STREET ADDRESS, CITY, STATE, ZIP COD 7919 SAN RICARDO DR INDIANAPOLIS, IN 46256			
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W 0000 Bldg. 00	<p>This visit was for a 23 day revisit survey to the investigation of complaint #IN00251294 which resulted in an Immediate Jeopardy at W318 that was not removed on 1/30/18.</p> <p>Dates of Survey: 2/13/18 and 2/14/18</p> <p>Facility Number: 001000 Provider Number: 15G486 AIMS Number: 100245010</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/20/18.</p>			W 0000			
W 0318 Bldg. 00	<p>483.460 HEALTH CARE SERVICES</p> <p>The facility must ensure that specific health care services requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Health Care Services for 4 of 4 sampled clients (A, B, C and D), plus 1 additional client (E).</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 1/24/18 at 1:15 PM. The Immediate Jeopardy began on 10/26/17 when the nurse failed to implement dietician recommendations for monitoring and assessment regarding client A's rapid and continued substantial weight loss. ED (Executive Director) #1, OM (Operations Manager) #1, QIDPM (Qualified Intellectual Disabilities Professional Manager) #1, OM #2 and QAM (Quality Assurance Manager) #1 were</p>			W 0318	<p>CORRECTION: <i>The facility must ensure that specific health care services requirements are met.</i> Specifically: Specifically: Client A received an assessment for weight loss by his primary care physician on 1/25/18, comprehensive blood work for client A, ordered by the primary care physician, was completed on 1/25/18, client A received a swallow study ordered by his primary care physician on 1/26/18 and client A's registered dietician completed a comprehensive</p>		03/03/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>notified of the Immediate Jeopardy on 1/24/18 at 1:15 PM.</p> <p>The facility submitted a plan of action to remove the Immediate Jeopardy on 1/31/18 at 9:42 AM. The facility's 1/31/18 Allegation for Removal of Immediate Jeopardy indicated the following:</p> <p>- "Healthcare Services: failure to monitor and address [client A's] significant weight loss.</p> <ol style="list-style-type: none"> 1. [Client A] received an assessment for weight loss by his primary care physician on 1/25/18. 2. Comprehensive blood work for [client A], ordered by the primary care physician was completed on 1/25/18. 3. [Client A] received a swallow study ordered by his primary care physician on 1/26/18. 4. [Client A's] registered dietician completed a comprehensive nutritional assessment on 1/26/18. 5. The Nurse Manager has developed a Comprehensive High Risk Plan for Weight Loss and all facility staff have been trained on implementation of the plan. 6. The supervised group living nursing team has received training on Federal and State... regulations with emphasis on the Healthcare Services Condition of Participation. 7. The agency's nursing team has been reorganized to assure that the Nurse Manager may more exclusively devote time to direct oversight and mentorship of the agency's LPNs (Licensed Practical Nurses). 8. Daily administrative monitoring is in place at the facility. 9. Members of the Operations Team comprised of the Operations Managers, Quality Assurance Manager, QIDP (Qualified Intellectual Disabilities Professional) Manager, Quality Assurance Coordinators, Program Managers and Nurse 				<p>nutritional assessment on 1/26/18. The RN/Nurse Manager has developed a Comprehensive High Risk Plan for Weight Loss and all facility staff have been trained on implementation of the plan. Client E received a physical therapy evaluation to address his declining ambulation skills and the RN/Nurse Manager updated his comprehensive high risk plan for falls, based on the results. All facility and day service staff have been trained toward proper implementation of the plan. Through observation the governing body has determined that this deficient practice did not affect other individuals. Residential Manager and facility medical coach will be retrained toward assuring that medications that are not routinely resupplied in the 30-day refill cycle are ordered sufficiently far in advance. Additionally, the facility nurse will monitor medication supplies during weekly audits and facilitate re-ordering as needed. All facility staff will be re-trained on medication administration procedures as well as notifying facility supervisors and nursing when medication is running low and needs to be reordered.</p> <p>PREVENTION: The nurse formerly assigned to the facility has been placed on administrative leave pending a full review of her work product to</p>		

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	<p>Manager received targeted training from the Executive Director and the QIDP regarding administrative monitoring expectations, on 1/26/18, and 1/31/18."</p> <p>The facility submitted an addendum/clarification to the plan of action to remove the Immediate Jeopardy on 2/1/18 at 12:06 PM. The facility's 2/1/18 addendum/clarification to the 1/31/18 Allegation for Removal of Immediate Jeopardy indicated the following:</p> <p>- "For #5. Please submit the 'Comprehensive High Risk Plan for Weight Loss' for review. How will the facility ensure that staff that are solicited to work in the home in the event regular staff are not present have been trained on the Risk Plan?</p> <p>All staff brought in when regular staff are not present will receive face to face documented training provided by a supervisor familiar with and trained on the plan prior to the employee working the shift."</p> <p>- "For #6. Please identify who the 'agency's supervised group living nursing team' is and what specific training they received and who conducted the training.</p> <p>[LPNs #1, #2, #3, #4 and #5] and [RN (Registered Nurse) #1], received training on the ICF (Intermediate Care Facility) survey process and Federal Medicaid regulations, with emphasis on frequently cited Healthcare Services Standards, provided by [QIDP Manager #1], on 1/25/18. Additionally, the training included the nurse role in the survey process including but not limited to the need to immediately reproduce requested documents and the need to be available to knowledgeably answer surveyor questions."</p>				<p>determine necessary corrective measures and appropriate performance action, and a new nurse has been assigned to the facility.</p> <p>The nurse manager will review all reports of significant health and safety issues and will meet with the Quality Assurance Manager or designee weekly to discuss health and safety issues including but not limited to needed updates to risk plans, monitoring of chronic and emerging health conditions, appropriate communication with doctors and other outside medical professionals, as well as staff training needs.</p> <p>Members of the Operations Team (comprised of the Executive Director, Operations Managers, Program Managers, Quality Assurance Manager, QIDP Manager and Quality Assurance Coordinators) as well as the QIDP will maintain a daily presence in the facility for the next 30 days and three times weekly thereafter until staff demonstrate competence, as determined by the Executive Director and Regional Director (Area Manager). After this period of intensive administrative monitoring, the Operations Team will incorporate medical chart reviews into their formal audit process, which will occur no less than twice monthly. These administrative documentation reviews will</p>		

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	<p>-"[LPN #4] has begun transitioning into role of assigned nurse at the [facility]."</p> <p>-"For #7. How has the agency's nursing team been reorganized?</p> <p>1. Caseloads have been reduced to 3-4 SGL homes per nurse.</p> <p>2. The Nurse Manager will no longer be responsible for a caseload.</p> <p>3. The Nurse Manager will do side by side audits of SGL (Supervised Group Living) home with the assigned nurse weekly.</p> <p>4. [LPN #4] has begun transitioning into role of assigned nurse at the [facility]."</p> <p>-"#7 (cont.) The nurse manager was aware of the weight loss issue and had not ensured appropriate action was taken. How will the agency supervise the nurse manager to ensure that proper nursing care is provided?</p> <p>1. Copies of Nurse Manager Audits will be provided to the ED (Executive Director) and RD (Area Manager) for review.</p> <p>2. The ED and RD will meet with the Nurse Manager weekly to review concerns raised through audits, incident reports or other concerns brought to management attention."</p> <p>-"For #8. As discussed at the exit, 'daily administrative monitoring' needs to be defined, as during observations, the administrative oversight proved to create a more unsafe environment, instead of helping the situation.</p> <p>Administrative Monitoring defined:</p> <ul style="list-style-type: none"> The role of the administrative monitor is not simply to observe & Report. 				<p>include:</p> <p>1. Assuring chronic and emerging healthcare conditions are properly monitored by facility nursing.</p> <p>2. Assuring comprehensive High Risk Plans address all clients' chronic and emerging healthcare conditions.</p> <p>3. Assuring staff are trained and demonstrate competency in caring for chronic and emerging health conditions and implementing high risk plans.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to including but not limited to assuring medications are available to be administered as prescribed. Members of the Operations, as described above, will perform visual assessments of the facility no less than daily for the next 30 days, and after 30 days, will conduct administrative observations no less than three times weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Active Treatment sessions</p>		

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	<p>· When opportunities for training are observed, the monitor must step in and provide the training and document it.</p> <p>· If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports.</p> <p>· Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority.</p> <p>· Review all relevant documentation, providing documented coaching and training as needed.</p> <p>· All administrative monitors have received client specific training."</p> <p>- "For #9. Please list what staff received the 'targeted training.'</p> <p>The following Administrative staff received targeted Training: [PM (Program Manager) #1], [PM #2], [PM #3], [RN #1], [OM (Operations Manager) #1] and [OM #2]."</p> <p>- "The QIDP's failure to integrate, monitor, and coordinate the active treatment program was a major part of the system breakdown. To involve the QIDP in training staff to correct the situation is completely unacceptable. How has the QIDP been trained and how will the QIDP be monitored/supported to ensure that all components of the active treatment program is integrated, monitored and coordinated?</p> <p>The QIDP Manager will provide training for QIDP's and further oversight to ensure the program is integrated, monitored and coordinated. Specifically, daily documented training and mentorship will be provided to the QIDP by the QIDP Manager or as designated by the QA (Quality Assurance) Manager. Training topics will be presented directly to the ED and QA</p>				<p>to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. Operations Team members have been trained on monitoring expectations. Specifically, Administrative Monitoring is defined as follows:</p> <ul style="list-style-type: none"> • The role of the administrative monitor is not simply to observe & Report. • When opportunities for training are observed, the 		

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	<p>Manager."</p> <p>- "Please provide a detailed agenda that the Executive Director used for "targeted training".</p> <p>The ED Targeted Training focused on the role of the administrative monitor as described above.</p> <ul style="list-style-type: none"> · The role of the administrative monitor is not simply to observe & Report. · When opportunities for training are observed, the monitor must step in and provide the training and document it. · If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports. · Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. · Review all relevant documentation, providing documented coaching and training as needed." <p>- "How is the Executive Director going to be trained and monitored to ensure that the removal plan is effective and implemented?</p> <ol style="list-style-type: none"> 1. The RD (Area Manager) will conduct documented training for the ED including expectations for administrative monitoring. 2. The ED will maintain daily contact/communication with RD to review effectiveness of the implemented plan. 3. The Executive Director is ultimately responsible and failed to have effective systems in place to protect the client with weight loss from harm, as well as other identified serious issues in the home." <p>- "1. The Nurse Manager will do side by side audits of SGL homes with the assigned nurse. 2. Copies of Nurse Manager Audits will be</p> 				<p>monitor must step in and provide the training and document it.</p> <ul style="list-style-type: none"> • If gaps in active treatment are observed the monitor is expected to step in, and model the appropriate provision of supports. • Assuring the health and safety of individuals receiving supports at the time of the observation is the top priority. • Review all relevant documentation, providing documented coaching and training as needed. <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring medications are available to be administered as prescribed.</p> <p>Additionally:</p> <ol style="list-style-type: none"> a. Nursing caseloads have been reduced to 3-4 SGL homes per nurse. b. The Nurse Manager will no longer be responsible for a caseload. 		

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	<p>provided to the ED and RD (Area Manager) for review.</p> <p>3. The ED and RD will meet with the Nurse Manager Weekly to review concerns raised through audits, incident reports or other concerns brought to management attention.</p> <p>4. The ED will maintain daily contact/communication with RD to review effectiveness of the implemented plan."</p> <p>Based on observation, record review and interview, it was determined the facility's 2/1/18 Addendum/Clarification to the 1/31/18 Allegation for Removal of Immediate Jeopardy had removed the Immediate Jeopardy. The Immediate Jeopardy was removed on 2/14/18 at 7:45 AM. While the Immediate Jeopardy was removed on 2/14/18, the facility remained out of compliance at the Condition Level in that the facility needed to demonstrably implement its nursing care plans, weight monitoring and nursing and administrative oversight to systemically prevent medical neglect.</p> <p>Findings include:</p> <p>QIDP #1 was interviewed on 2/13/18 at 11:35 AM. QIDP #1 indicated client A's weight was being monitored on a daily basis. QIDP #1 indicated facility staff had been retrained on monitoring client A's weight. QIDP #1 indicated the group home had been restructured and PM #1 was now the PM over the house, AS #2 was now the AS, RM (Residential Manager) #1 was now the RM over the home. QIDP #1 indicated all of the home's direct support staff were new with the exception of staff #1.</p> <p>QIDPM #1 was interviewed on 2/13/18 at 11:50 AM. QIDPM #1 indicated ED #1 was retrained by RM #1 on 2/1/18 and provided a copy of the</p>				<p>c. The Nurse Manager will do side by side audits of SGL home with the assigned nurse weekly.</p> <p>d. Copies of Nurse Manager Audits will be provided to the Executive Director and Regional Director (Area Manager) for review.</p> <p>e. The Executive Director will meet with the Nurse Manager weekly to review concerns raised through audits, incident reports or other concerns brought to management attention.</p> <p>RESPONSIBLE PARTIES: QIDP, Area Supervisor, Residential Manager, Health Services Team, Direct Support Staff, Operations Team, Regional Director</p>		

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	<p>in-service.</p> <p>RN #1, QIDPM #1 and ED #1 were interviewed on 2/13/18 at 12:15 PM with PM #1 joining the interview at 12:23 PM.</p> <p>When asked if all staff brought in when regular staff are not present have received face to face documented training provided by a supervisor familiar with and trained on the plan prior to the employee working the shift, QIDPM #1 stated, "Yes, this has been occurring. [QA Manager #1] has been tracking staff on a spreadsheet. Usually, the area supervisor or [PM #1] can conduct the training."</p> <p>When asked if LPNs #1, #2, #3, #4 and #5 and RN (Registered Nurse) #1 received training on the ICF (Intermediate Care Facility) survey process and Federal Medicaid regulations, with emphasis on frequently cited Healthcare Services Standards and if the training included the nurse role in the survey process including but not limited to the need to immediately reproduce requested documents and the need to be available to knowledgeably answer surveyor questions, RN #1 stated, "Yes, we went through a power point that [QIDPM #1] had put together. I had seen it before but it was good to sit through it again with the [LPNs #1, #2, #3, #4 and #5] . [LPN #4] is the new assigned nurse over the home."</p> <p>When asked if nursing caseloads had been reduced to 3 to 4 support group living homes per nurse, if the nurse manager was responsible for a caseload and if the nurse manager had been completing weekly side by side audits, RN #1 stated, "[LPN #4] has begun transitioning into role of assigned nurse at the [facility]. Yes, the caseloads have been reduced and we are doing</p>						

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	<p>weekly audits."</p> <p>When asked if nurse manager audits had been provided to the ED and RD for review and included a weekly meeting to review concerns raised during the audits, RN #1 stated, "Yes, I've been sending emails of the audits. We are on a conference call every day to go over findings. Seven days a week at 2 PM, [RM #1], [ED #1] and the area supervisors have a conference call to discuss the audits and observations." ED #1 stated, "Correct. Once a week we document what we go over and how to address concerns." QIDPM #1 stated, "We also had [regional quality assurance manager] come in and do a review of the charts."</p> <p>When asked to describe the role and function of the administrator monitor, RN #1 stated, "There's a binder with a checklist at the home. It includes meal time observations, checking the MAR (Medication Administration Record) and ensuring that staff are following the High Risk Health Plans as written." PM #1 stated, "It's an active role. Directing and engaging clients in active treatment. Modeling at time what staff should be doing. Monitoring meal plans, adaptive equipment is being used and training staff to know how and when to use it."</p> <p>When asked if administrative staff had received targeted training regarding administrative monitoring, ED #1 stated, "[PM #1], [PM #2], [PM #3], [RN #1], [OM #1] and [OM #2] received an in-service training on administrative monitoring. The client plans and coaching."</p> <p>PM #1 stated, "We have a new weight scale in the house. Anytime [client A's] weight is above or below 208 pounds we notify the nurse. He has</p>						

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	<p>been maintaining but today is was 206.8 pounds and it's been as high as 211 pounds."</p> <p>ED #1 stated, "Everybody has been trained on how to use the new scale, same day and some location."</p> <p>RN #1 indicated client A's weight had been monitored on a daily basis, he had completed a swallow study as ordered by his primary care physician with no new recommendations, had labs completed as ordered by his primary care physician and staff had been monitoring and documenting client A's meal intake to ensure adequate nutrition.</p> <p>The facility's plan of correction and in-services record was reviewed on 2/13/18 at 12:00 PM. The review indicated the following:</p> <p>-In-service, 2/1/18 conducted by RN #1 regarding implementation of High Risk Health Plans for all staff.</p> <p>-In-service, 2/1/8 conducted by QIDPM #1 regarding overall active treatment for all staff.</p> <p>-In-service, 2/1/18 conducted by RM #1 regarding expectations of administrative monitoring and expectations of a daily call to review the plan of correction with ED #1.</p> <p>Daily administrative monitoring observation sheets dated from 2/1/18 through 2/13/18 review indicated daily administrative presence, monitoring and coaching notes.</p> <p>Observations were conducted at the group home on 2/14/18 from 7:00 AM through 8:00 AM. At 7:00 AM, client A was participating in the home's</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G486		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/14/2018	
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	<p>morning family style meal. Staff #1 and AS (Area Supervisor) #2 were both standing in the home's dining room area and actively monitoring and supervising client A's meal intake.</p> <p>Client A was interviewed on 2/14/18 at 7:07 AM. Client A indicated he was doing okay and had no complaints or concerns. Client A smiled, initiated the interview and indicated his morning meal was good with plenty to eat.</p> <p>Staff #1 was interviewed on 2/14/18 at 7:14 AM. Staff #1 stated, "It's been a 360 degree turn around in this house." Staff #1 indicated she was the only direct support staff that had remained at the home. Staff #1 indicated she had been retrained on active treatment, risk plans, meals, medications and monitoring client A's weight. Staff #1 indicated she was not aware of any concerns or allegations. Staff #1 indicated there had been daily administrative staff in the home who had provided her with coaching and modeling.</p> <p>Client B was interviewed on 2/14/18 at 7:15 AM. Client B indicated he was doing well and had no concerns or issues to report. Client B indicated he was excited for day program and Valentine's Day activities.</p> <p>Staff #2 was interviewed on 2/14/18 at 7:18 AM. Staff #2 indicated he was an overnight staff at the home. Staff #2 indicated he had been retrained on documenting client A's weights, all clients progress notes, meals and active treatment. Staff #2 indicated client A's weight was monitored every day at the same time while all of the other clients in the home had their weights monitored on Wednesdays at 9 PM. Staff #2 indicated client A's weight was taken on a new scale in the</p>						

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	<p>medication administration room and then documented on a weight tracking sheet and on client A's TAR (Treatment Administration Record).</p> <p>Client A's MAR (Medication Administration Record) and TAR dated February 2018 were reviewed on 2/14/18 at 7:20 AM. Client A's daily weight monitoring sheet was completed through the 2/14/18 date of review. Client A's TAR dated February 2018 indicated daily weight monitoring for client A.</p> <p>Staff #3 was interviewed on 2/14/18 at 7:21 AM. Staff #3 indicated he also worked the overnight shift and was helping cover at this home. Staff #3 indicated he had received client specific training. Staff #3 indicated he had been trained regarding monitoring client A's weights. Staff #3 indicated he was not aware of any concerns or issues in the home.</p> <p>RM #1 was interviewed on 2/14/18 at 7:27 AM. RM #1 indicated she had been assigned to the home for 2 weeks and had transferred to this home from another agency owned/operated group home. RM #1 indicated she had received client specific training. RM #1 indicated client A's weights were being monitored daily and reported to the nurse if it fluctuated 5 pounds or more from 208 pounds. RM #1 indicated staff had been retrained on documentation of client A's weights and meal intake.</p> <p>AS #2 was interviewed on 2/14/18 at 7:32 AM. AS #2 indicated she had been assigned to the home after the home's Immediate Jeopardy. AS #2 indicated she had received client specific training. AS #2 indicated client A's weights were being monitored daily and reported to the nurse if it</p>						

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	<p>fluctuated 5 pounds or more from 208 pounds. AS #2 indicated staff had been retrained on documentation of client A's weights and meal intake.</p> <p>This federal tag relates to complaint #IN00251294 .</p> <p>9-3-6(a)</p>						